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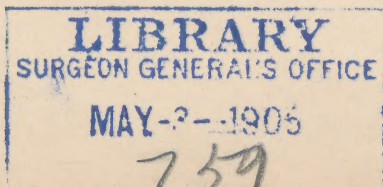
CHARACTERISTIC LABOR SCENES AMONG THE YELLOW, BLACK, AND RED RACES.

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THE RED RACES.

Primitive customs among our North American Indians are rapidly disappearing. As the war-bonnet of eagle plumes has given way to the unromantic felt hat—the tomahawk and bow and arrow to the revolver and breech-loading rifle—so are the original obstetric customs, traditionary among the red people for ages, yielding to the influence of civilization: the few warlike tribes, who still retain the ways of their ancestors, are rapidly dying out; those who have quietly settled down upon the reservation are accepting the habits of the whites, and their parturient squaws are delivered as they have been taught by



the agency-physician or the army-surgeon; in fact, primitive obstetric customs are so speedily passing away that more than one of the agency-physicians answered with some surprise to the circular, kindly sent among them for me by the Smithsonian Institute, that he had observed nothing peculiar; that the squaws of the tribe were delivered on the back, and their habits were the same as those of their white sisters. Many of the tribes, nevertheless,

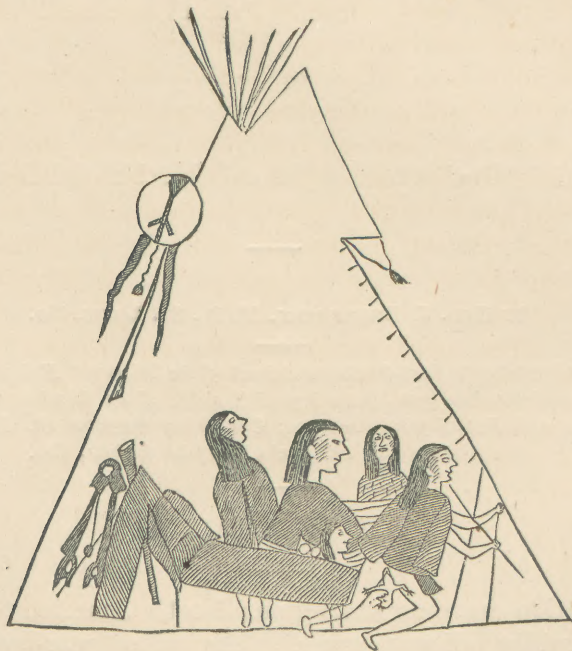


FIG. 1—Kiowa Labor.

still retain their peculiar customs, but all of my informants unite in the statement that it is very difficult to obtain any information from them upon these points. It is rare that men are permitted to witness, or even be near a labor scene; and white physicians are not called in unless it be a desperate case. Indians are moreover very reticent upon this point and very unwilling to impart any information regarding their women or the functions peculiar to them;

this is strange, too, as they are by no means a modest people.

There are many points of resemblance in the obstetric customs of the various Indian tribes, and in many features they differ. The kneeling posture, for instance, is the one most commonly assumed by the squaw in labor, and yet among certain tribes almost all the other positions can be found, though rarely that upon the lap of the husband; this is a trouble and indignity which the laziness and pride of the Indian brave will not submit to.

As I cannot detail the customs of the various tribes, I will confine myself to the obstetric practice of the Indians of the northwest, and of the more easterly prairie tribes. As regards the former I shall accept the statement of Dr. John Field, of Sheridan, Oregon, who has given the following very interesting account of his long stay among the tribes, especially while physician to the Grand Ronde Agency in Oregon; he says:

“THE INDIANS OF THE PACIFIC COAST.”

“Women belonging to the Indian tribes on the northwest coast are attended in labor by a number of older squaws, as many as may be necessary. These attendants are not especially skilled midwives, but the mothers, if living near enough, or some other older friend and a few of the neighbors. It is among these people as it is among the whites; there is always some old woman in every tribe, band or settlement, who is looked upon as an authority in these cases, who is considered an expert manipulator and whose every order or suggestion is implicitly obeyed.

During the first stage of labor, the patient will usually keep on her feet, moving about the lodge, or now and then lying on her bed for a short period at a time. At the recurrence of each pain the parturient will frequently utter a plaintive cry. In this she differs somewhat from her white sister, who will most generally announce the occurrence of pain by a sound which has, by the old women, been determined ‘grunt,’ ‘grunting;’ the former gives

vent to a low, plaintive cry, which the word 'wail' or 'whine' seems to express more nearly than any other. When the parturient lies down she usually reclines upon her back, with the legs semi-flexed upon the thighs, the thighs likewise flexed upon the body.

No assistance is rendered at the time of a pain during the first stage, but the attendants are all ready, and willing to help when the proper time comes.

The patient takes to her bed and lies on her back—her head slightly elevated. This bed or pallet is universally on the floor, and near the fire if the weather is cold. Her legs are well flexed upon her thighs, and her thighs upon her abdomen; knees and feet are each supported by an assistant; she herself usually uses her hand to press against her thighs, or when the pains become severe, to compress her own abdomen over the fundus uteri.

The officiating accoucheuse—if the term is allowable—crouches upon the pallet at the feet of the parturient, with her hands pressed upon the nates, perineum, vulva or abdomen of patient, as circumstances in her judgment may require.

She does not rely upon vaginal examination, nor indeed does she at all practice that means either of diagnosis or assistance to her patient.

As the case progresses, and the expulsive pains increase in severity, the abdomen of the parturient is firmly compressed over the fundus uteri by the hands of an assistant. She now uses her own hands to press upon her thighs, and does not pull at the hands of an attendant as so many white women do.

The abdominal manipulations before referred to are practiced by an assistant, kneeling by the side of the patient, with her face towards the patient's feet. She spreads her fingers in such a manner as to grasp the entire fundus uteri as nearly as possible. When the uterus is being contracted by the force of nature the assistant follows the fundus with her hands, firmly grasping the organ,

and gently but firmly pressing downward. When the pain subsides, she still keeps her firm hold of the uterus, and does not allow it to relax, at least she does all she can to prevent this.

If the case is a tedious one, and the head is slow to pass, another method is resorted to in addition to the one mentioned.



FIG. 2.—Mexican Indians.

The woman is seized by two attendants, who grasp her around the thorax, immediately under the arms, raise her body off the bed, and support her in an erect position, so far as her body is concerned. She is permitted to rest upon her knees or feet, according to the peculiar notion of the accoucheuse, or according to attending circumstances.

By these means, and in the position above mentioned, she is as firmly supported as is possible for the attendants to do.

The abdominal pressure is firmly kept up until the end of the labor.

The accompanying illustration, although a labor scene among the Mexican Indians in the vicinity of San Luis Potosi, and there photographed for me by Dr. G. Barroeta, so well represents the relative position of patient and assistants, as here described, that I have inserted it.

Towards the close, and while the woman is in the position last named, the accoucheuse remains crouched at the feet of the parturient, supporting the perineum and vulva with the palms of her hands. As soon as the head emerges fully through the vulva, the accoucheuse takes it between her hands and makes traction so that the shoulders and body of the child will be the more speedily delivered.

The child is received into the lap of the accoucheuse whether the mother is in the erect position or lying down.

The umbilical cord is tied and divided in a few moments after delivery, and the child is laid to one side out of the way. The delivery of the placenta is expected at once after the birth of the child and without further trouble; in order to facilitate speedy expulsion the accoucheuse and assistants resort to certain manipulations.

This effort to assist the uterus in casting off the placenta is made immediately after the child is born and stowed away in a safe place.

If the case has been an easy one, and the woman has not been raised from her couch, the first efforts to obtain the placenta are made as she lies there, the accoucheuse, making gentle but tolerably firm traction on the cord with one hand, manipulates the uterine globe with the other. At the same time, if thought necessary, an assistant will press (by spreading the fingers of both hands) and even knead the abdomen, with the view of pressing the secundines out of the uterine cavity. If these efforts fail while the woman is in the recumbent posture, she is raised to the erect position and thus supported, as in cases of difficult

delivery of the child. The uterine globe is then firmly pressed and kneaded, whilst the accoucheuse makes more or less firm traction upon the cord.

But if the case should be one of abnormal attachment, or hour-glass contraction, they know no method of procedure that promises success. Frequently the patient will survive, escaping blood poisoning, and the secundines will be cast off in a state of disorganization.

By making persistent inquiries I learn that they seldom fail in sufficiently stimulating the uterus to cast off the placenta.

AFTER TREATMENT.

The treatment resorted to after delivery is not alike among all tribes. Some with whom I have come in contact require the puerpera to keep up on her feet during the greater part of the day, taking short walks about the camp, resting when weariness becomes oppressive; while walking she uses a staff, for the double purpose of support while upon her feet, and also as an instrument of relief; as she slowly steps about the body is frequently bent forward, bringing the abdominal walls immediately over the uterus against the upper end of the staff, while the hand of the woman is upon the end of the stick in the same way as that of a man walking with a cane.

This practice is kept up for a period of three or four days, when the puerpera is thought to be well; the prescribed walks varying with periods of rest upon her couch.

The object—as I am informed by the old women of the tribe—is to facilitate the flow of the lochia.

They know that a certain amount of blood should escape, and think that if the patient should lie down in bed this would accumulate in the abdominal cavity, and cause death. From all I can learn, by inquiries of those of the tribes who are old enough to remember the practice among the Indians in this region before the time that the white man came among them, this procedure in the after-treatment was

solely for the purpose of encouraging a free flow of the lochia, and I further learn that no case of death from hemorrhage had then been known to occur.

Some of the Indian tribes in this country follow a different course of after-treatment.

As soon as possible after delivery the puerpera is placed on a bed on the floor of the lodge, and securely wrapped in blankets, or whatever kind of covering they have. The bed is placed near the fire, if the weather is cool, and she is kept in this closely wrapped condition. When asking for an explanation of this method of treating their lying-in women, I was told that it was to keep the patient from taking cold, and having fever [somewhat like the Siamese]. In this condition she is kept for the period of four or five days, except such times as she is compelled to attend the calls of nature. When freed from this restriction, she at once resumes the care of the babe as well as the duties naturally falling to the lot of an Indian squaw.

During the period that I was living among these Indians—two and one-half years—I neither saw nor heard of a case of puerperal fever, eclampsia, or any other diseases peculiar to the lying-in woman. Neither did a death during confinement come under my immediate observation, and but few Indian women have any mammary trouble after their confinement, notwithstanding the fact that they are exposed to the same cause that is a prolific source of such complications among whites.”

EASTERN TRIBES.

As it is impossible for me to make use of all of the extremely valuable and interesting information received by kindly responses from the surgeons of the army and agencies among the various Indian tribes, I will close with a description of the obstetric customs among the more easterly tribes, the Cheyennes, Arapahoes, Kiowas, Comanches, and eastern Apaches, given me by Maj. W. H. Forwood, U. S. A., now stationed at Fort Omaha, Nebraska. Maj. Forwood

resided for over five years among these tribes, who are scattered over the plains of Kansas, Nebraska, Colorado and the Indian Territory, and constantly came in contact with them at Forts Larned and Sill, where they congregated and frequently applied for treatment. He says:

"The customs prevailing among the above named tribes are similar, and the following instance may well characterize them:

"In August, 1869, at Fort Sill, I. T., I was called upon by a few men and squaws of the Comanche tribe for the purpose of securing my services in the case of a patient who had born two children, and had had difficulty at both of her confinements. They anticipated difficulty again, and this was the reason for summoning me, which otherwise would not have been considered necessary. At the proper time I rode to the encampment on Cache Creek, a few miles from the post, where I found the lodges pitched in a wide circuit on high open ground, near the stream. A short distance outside the camp, and in rear of the patient's family lodge, were arranged the accommodations for the confinement. A shelter had been constructed of green boughs six or seven feet high, by setting up brush or bushes, with the leaves on, around the circumference of a circle, about eight feet in diameter. An entrance was provided by breaking the circle and overlapping the two unjoined ends. In a line outside the entrance were three stakes, ten paces apart, set firmly upright in the ground, four feet high, made from the stems of small saplings with the bark left on.

"Inside of this shelter were two holes for the reception of fluids of any kind and the steaming of the parts, and stakes for the support of the parturient. Three stakes were also planted outside of this enclosure, so that the patient, when surprised by a pain, as she walks about in the intervals, may at once kneel down and find a support. So my patient was walking about with her assistant, a female relative, and as each pain came on she knelt down, grasping a stake, whilst the assistant, standing or kneeling behind her,

seized her about the waist and kneaded and compressed the abdomen.

"She was a full Comanche squaw, aged about 20, of slight frame, in good general health; had given birth to two healthy children, but had suffered tedious labor with both, and some delay in the discharge of the placenta. Her dress consisted of a body, a skirt, and two leg pieces made of deer skin, and nicely ornamented with beads, silver shells, etc. The body was of one skin, with a hole in the middle for the head, the ends coming down in front and rear, fastened at the sides under the arms, making a sort of flowing sleeve, and reaching below the waist. The skirt piece was of about two skins, merely wound around, extending a little below the knees, and secured by a leather belt at the waist. The leggings were separate pieces, with moccasins attached, extending above the knees, fastened by a narrow strip at the outside to the waist-belt, colored, fringed and ornamented at the leg; flowing hair, beads at the neck, and a number of brass rings about the wrists.

"Examination, to which she had submitted with evident disgust and not without some persuasion, revealed the membranes ruptured, waters escaped, parts rather dry, but head presenting favorably, and pains moderately strong, so that the labor was deemed practicable within a reasonable time by the efforts of nature. Without making any suggestions or offering further interference, I sat down to 'make medicine,' as they thought, but in reality to improve the opportunity for observation. The patient was assisted by a woman of middle age and some experience in such cases, while a considerable number of other squaws of all ages thronged around, making suggestions, talking, singing, groaning and gesticulating, but no men came near.

"She never assumed the recumbent position, nor did the assistant make any attempt at vaginal examination. There was no great effort on her part to restrain the feelings or submit patiently to suffering, and the throng of women inside and out kept up a continual noise and clatter. Mean-

time the chief medicine man of the tribe in a neighboring lodge was making strenuous exertions to help the patient by means which I was not permitted to see, but which could be plainly heard going on incessantly. The ceremony was performed alone in a closed lodge, with fire, and consisted, so far as I know, in drumming, singing, shouting, dancing, running round the fire, jumping over it, manœuvring with knives, and the like antics. Medicine making of this sort is very common among the Indians, and is always conducted



FIG. 3.—Kiowa midwife blowing an emetic into patient's mouth.

with great solemnity and seriousness, and with full faith in its effect. The rationale is based on the idea that disease is an evil spirit entering the patient, and must by some magic influence be coaxed, scared or driven out. The internal administration of medicine, excepting emetics, is seldom practiced, and emetics are scrupulously avoided in cases of labor, owing to the direction in which they act. But in the midst of a vast amount of sheer nonsense they

possess some good practical ideas, such as the buffalo hair pessary worn with benefit by many women, the hot stone in labor, which is sometimes modified into a steam bath by covering the shelter tightly with skins and pouring water on the stone. At a former confinement of the patient, a practical application had been made of the effect of fear in routing the child from its lodging place. She was brought out on the plain, and Eissehaby, a noted chief, mounted on his swiftest steed, with all his war paint and equipments on, charged down upon her at full speed, turning aside only at the last moment, when she expected to be pierced through the body and trampled under foot. This is said to have caused an immediate expulsion of the child.

As the crisis was evidently approaching, another examination was made, with the patient on her back on a robe, and the child was soon born, the placenta following a few moments later. Immediately the greatest excitement prevailed, the monotonous songs and doleful cries were changed to sounds of rejoicing, and the noise and din were louder than ever, but of a far more pleasant character. The moment the placenta escaped the patient sprang up, buckled on a stout leather belt, mingled with the crowd and soon disappeared, without apparently taking the slightest notice of her child. I took up the baby and offered it to some of the bystanders, but each one shrank back and would not even touch it. Presently a woman, whom I had not seen before, appeared and took charge of it. She was assigned to the duty of receiving and having the little stranger initiated into the world with proper ceremony. This, in case of a boy, would probably be some simple little nonsense performed by an old chief, and in case of a girl, by the squaw herself.

An instance came under my notice once in which an imaginary object (a ball it was said to be) was blown into the mouth and placed down in the ribs somewhere about the heart, where it was to remain, the supposed effect being to give courage and protect against harm. The medicine chief

approached, and placing his two hands in front of his chest and throat, made a gulping effort as though bringing something up out of his own body, leaned over and blew quickly into the patient's mouth, and the thing was done.

The Indians tie the cord with one ligature and cut it almost a foot from the child's body. The placenta is then secretly and mysteriously disposed of in various ways not unlike those often practiced by old women among ourselves. Their resources in case of retained placenta, so far as I know, are limited to forcible compression of the abdomen, traction upon the cord, and efforts to reach it with the hand in the vagina, in which the patient as well as the assistant take part. They never neglect to pay the doctor his fee, lest he should become angry, and, by the power of his arts, bring some calamity upon the patient in future, and that ceremony was not overlooked in this instance. I was brought to the chief's lodge and formally presented with a pony of my own selection, but, as they feared the poor creature would be very lonely away from its companions, I was requested to let it run with the herd, and consider it mine—with the herd of course it remained."

A surgeon who has been stationed for some years at Camp Sheridan, in the Spotted Tail Indian Agency, in the midst of from seven to twelve thousand Sioux Indians, principally of the great Brulé branch of the nation, and who has carefully inquired into their customs, writes: "My inquiries into their obstetric habits were attended with difficulties, as these Indians, never talkative, become quite reticent as soon as any questions are asked concerning their peculiarities. No very definite custom or practice seems to be followed; the most common is, that several matrons preside as midwives in the lodge of the parturient, which is, especially in delayed cases, filled to suffocation with indifferently solicitous (?) relations and friends.

During the first stage the squaw sits or lies about grunting vociferously, but during the expulsion of the fetus her posture is erect, or nearly so, with her arms around the neck

of a stout male support, mostly a young bachelor buck. The child is received by the attendant squaw, and the placenta promptly follows, as a rule. She is then put to bed, and the lochia received on old clothes, which are burned.

These Indians, though nearly regardless of what we consider as modesty with regard to defecation and urination, are quite superstitious about the functions peculiar to women. On the first menstruation of a maiden quite a ceremonious feast is held, at which the relatives and attending friends congratulate the maiden, and her parents, on the dawn of her womanhood, for she is now a woman. During the whole of each menstrual period (or "moon in the ass," as they term it) the female is hedged about with restrictions. She is considered unclean, must refrain from certain things, and is disqualified from assisting or participating in any of the ceremonies of her tribe.

Other of their customs, also, are quite peculiar. The female stands to urinate and sits during defecation, whilst the male sits on his haunches to urinate, and stands during defecation; the male mounts his horse from the right side, the female from the left."

Among the Indians of Montana the usual name for a child for the first year or two, before a permanent name is bought of the medicine man, is "Mai, Tsä Barkea-Tsä-careash," which is a word applied to a spirit, and also to the gray-crowned finch (*Leucosticte tephrocotis*), into which bird young children are believed to enter on their death. Twins cause their parents to be greatly envied; but if a squaw becomes pregnant while still nursing, the child at the breast is said to die in four cases out of five from diarrhea and marasmus.

Among the Modocs and Klamaths, the husband refrains from eating all flesh of fish or game for five days after the birth of a child, and the mother refrains from the same for ten days. At each menstrual period the woman refrains from flesh for five days and is more or less isolated from the male portion of the family, the same custom prevailing after an abortion.

These five and ten days periods are the same I have repeatedly spoken of among the natives of India and Africa.

Certain of the tribes demand that the father take to the woods and absent himself for some days from the family lodge and the encampment, and if, it be his first child he caches himself until the child is a week old.

It is only the young men who practice this, as they are so ashamed of the occurrence.

At the end of this time, or as soon as the father is able, he calls all his relations and friends together and has a feast of boiled dog—provided the child be a male.

Much of this information, especially the last, regarding the O-g-a-l-la-l-la Sioux, comes from the well known Indian Scout, Will. E. Everett.

Although I should like to enter more fully into the customs of the various Indian tribes, the above will suffice to show the intimate relation between the obstetric customs among the yellow, black and red races.

I have made use of the above illustrations, although not bearing directly upon the customs of the tribes here referred to, on account of their extreme interest.

Figures 1 and 3 I obtained through the kindness of Capt. M. Barber, surgeon U. S. A., of Fort Sill, who had them made by a Kiowa artist to illustrate the customs of his people.

Fig. 1 represents a labor scene in a Kiowa *tepee*. The patient is on her knees, grasping a tent pole fastened at right angles to two upright ones; one assistant is kneading her back, whilst another is attending to the child which is in the act of being born. A gun, saddle and "G" string, the peculiar articles of male apparel, are hung at the head of the couch to induce the birth of a boy.

Fig. 3 represents the midwife blowing something into the patient's mouth to make her vomit and strain, and thus assist the labor pains. She here rests herself upon the pole, which plays so important a role in their labors, sometimes

serving as a support to the kneeling patient (fig. 1), sometimes as a means of expression when she leans upon it with her stomach. This scene is represented taking place in the "medicine lodge"—why, Dr. Barber could not inform me.

Fig. 2 is taken from a photograph secured for me by my friend Dr. G. Barroeta, of San Louis Potosi, Mexico, and well illustrates the posture of patient and assistants as assumed in labor by the Indians of that region.